



OBERON COUNCIL

FORM OF APPLICATION FOR TENANCY OF A SELF CARE UNIT IN OBERON

Information to be supplied by EACH APPLICANT - ALL QUESTIONS TO BE ANSWERED	(A) Answers by Individual (MALE) Applicant or Husband of Couple Applying for a Unit.	(B) Answers by Individual (FEMALE) Applicant or Wife of Couple Applying for a Unit.
1. SURNAME (in block letters)		
2. OTHER NAMES (in full)		
3. Age and Date of Birth		
4. Marital Status		
5. Length of Residence in Oberon Council Area		
6. Name and Address of Next of Kin.		
7. Particulars (current present value) of any property owned.		
8. Current Address in full		
9. Weekly rental (if any) paid in respect of present accommodation		
10. If in receipt of a pension state: (a) Type of pension (b) Gross pension per week received		
11. If not in receipt of a pension, state whether an economic rent could be paid for any unit allocated.		
12. State reason for seeking tenancy of self-care unit		



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13. State whether furniture, floor coverings, etc., can be provided for any unit allocated.		
14. Furnish any additional information considered to be of assistance in dealing with application.		
Date:		

STATUTORY DECLARATION

I/We _____ do solemnly and sincerely declare that the information set out above is true and correct in every particular, and I/we make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900.

Declared at _____ this

_____ day of _____

_____ (year), before me:-

Justice of Peace

Signature of Declarant/s



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INDEPENDENT REPORT - TO BE COMPLETED BY A MEDICAL PRACTITIONER

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Applicant's Surname		
Other Names		
Date of Birth		
How long have you known Applicant?		
Please describe his/her condition generally, stating particularly:-		
a) Nature of any specific infirmity, disease, incapacity or complaint		
b) Whether subject to fits of any kind		
c) Mental condition		
d) To what extent considered capable of looking after self, and nature of any particular type of assistance needed.		

Signature: _____ Qualification _____

Address: _____

Date: _____

OFFICE USE ONLY:

REMARKS:
